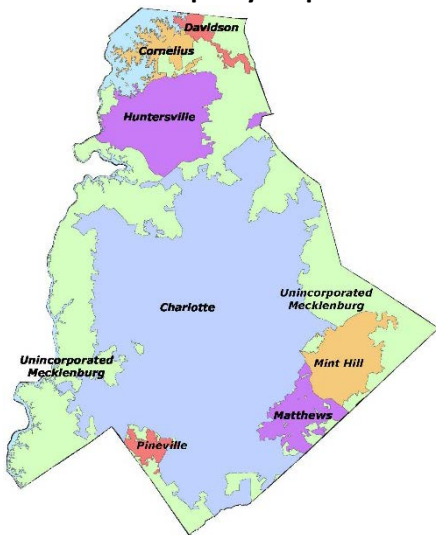


2015 State of the County Health Report

OVERVIEW OF SELECTED HEALTH INDICATORS
FOR MECKLENBURG COUNTY



Mecklenburg County, NC Municipality Map



Community Health Priorities

In Mecklenburg, the most recent Community Health Assessment (CHA) was conducted in 2013. The CHA process included a review of community health indicators, a community opinion survey, a community priority setting activity and action planning on leading priorities.

The top four health issues, as decided by Mecklenburg residents, were:

1. **Chronic Disease Prevention**
2. **Mental Health**
3. **Access to Care**
4. **Violence Prevention**

Learn more about the 2013 Mecklenburg Community Health Assessment online at: www.meckhealth.org

2015 Mecklenburg State of the County Health Report

In North Carolina, the state requires each local health department to conduct a **Community Health Assessment (CHA)** every four years for accreditation and as part of its consolidated contract. During the years between health assessments, health departments submit an abbreviated **State of the County Health (SOTCH) report**. In Mecklenburg County, this report consists of an overview of selected health indicators presented in tables and charts.

Sections include information on demographics, maternal and child health and leading causes of morbidity and mortality. Throughout this report, local programs and initiatives will highlight progress in addressing the top four health issues as identified by Mecklenburg residents. These snapshots of progress support the Healthy North Carolina 2020 goal of making North Carolina a healthier state.

Mecklenburg County Demographics At a Glance *(source: US Census)*

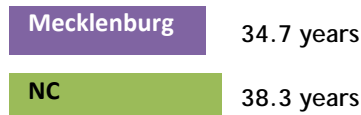
2014 Population

Total number of people living in Mecklenburg:

1,012,539

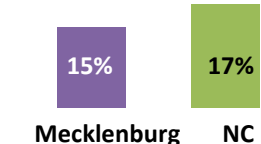
Median Age

People in Mecklenburg are younger than in the State.



Poverty

The percent of people living in poverty is lower than in NC.



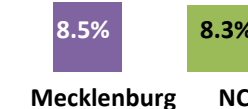
Median Household Income:

Median Household income is higher in Mecklenburg.



Unemployment Rates:

Unemployment rates are similar to those in the State.

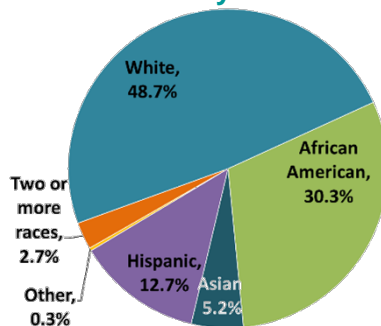


Percent Uninsured:

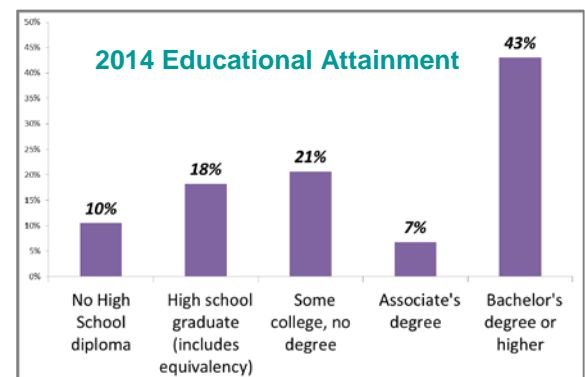
A slightly higher percent of uninsured live in Mecklenburg.



2014 Mecklenburg County Race/Ethnicity Distribution



2014 Educational Attainment



Vulnerable populations,

includes groups that have not been well integrated into health care systems due to cultural, economic, geographic or health characteristics. These populations may also be at higher risk during disasters. The following table includes examples of vulnerable populations in Mecklenburg.

Vulnerable Group Characteristic

Estimated Persons

% of Population

Disabled	96,582	9.6%
Limited English Proficiency	82,275	8.7%
Homeless	2,014	0.2%
Children less than 5 years	70,720	7.0%
Persons 65 years and older	101,554	10.0%
Persons 85 years and older	11,895	1.2%

Source: 2014 American Community Survey Estimates

Social Determinants of Health

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. The social conditions we face each day, where we are born, live, work and play, have a greater impact on our health and life expectancy than the health care we receive. In essence, a person’s zip code may be more important to health than their genetic code.

Income and Education in Mecklenburg

Maps of education and income levels for Mecklenburg County show a crescent pattern around the center city of Charlotte with a concentration of highest poverty. This area is also associated with:

- Low educational attainment,
- High rates of unemployment and
- High rates of preventable diseases

Zip codes with higher educational attainment and high income levels are associated with:

- Longer life expectancy
- Improved health and quality of life
- Health-promoting behaviors like getting regular physical activity and not smoking.

Public Health Priority Areas

Populations located within a six zip code area surrounding Charlotte’s center city have higher rates of chronic disease mortality than the county as a whole. These same areas also have lower rates of educational attainment and income, which are predictors of poor health outcomes.

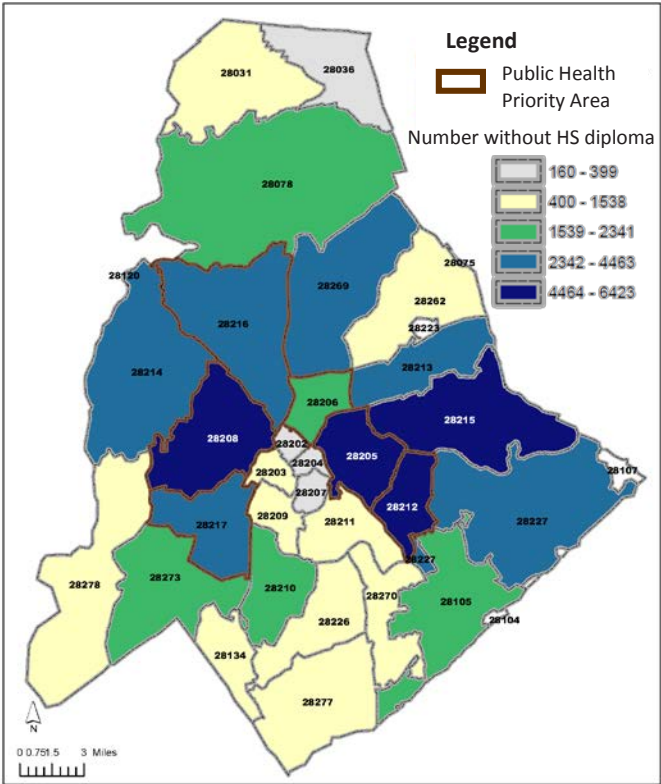
For these reasons the Mecklenburg Health Department has targeted these zip codes, called public health priority areas, for improvements in health behaviors.

	Public Health Priority Area	Mecklenburg
2014 Population	209,914	1,012,539
2012 Death Rates for Select Conditions (per 100,000)		
Lung Cancer	39.5	28.8
Heart Disease	126.5	107.5
Stroke	37.5	27.1
Diabetes	20.0	12.7
COPD	26.6	26.3

Source: NC DHHS, State Center for Health Statistics

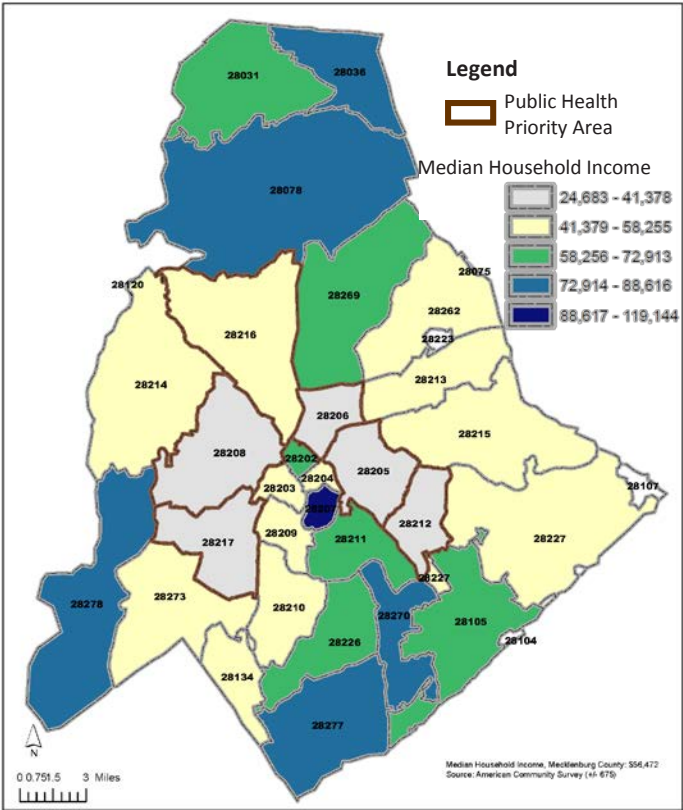
Less than 12th Grade Education, 2014: Mecklenburg

Source: Applied Geographic Solutions, Inc. 2014



Median Household Income, 2014: Mecklenburg

Source: Applied Geographic Solutions, Inc. 2014















Prepared by Mecklenburg County GIS

Priority #1: Chronic Disease

Local Community Objective: Reduce the rate of overweight and obesity among adults by 5% & Reduce the rate of tobacco use among adults by 10%

Current Obesity & Overweight Rate: 57%; **Target Rate:** 58%

Current Smoking Rate: 17%; **Target Rate:** 15%

Relevant Data Selected Health Indicator <i>(Sources: Local & State Behavior Risk Factor Surveillance System, BRFSS)</i>			*Trend in Mecklenburg <i>compared to previous years</i>	Racial and Ethnic Health Disparity Ratios	
	Meck	NC		African Americans/ Blacks	Whites
2014, Adults reporting current smoking	17%	20%	Stable 	 1.8 to 1 	
2014, Adults reporting overweight/obesity	57%	66%	Stable 	 1.3 to 1 	
2014, Adults consuming 5 or more Fruits/Vegetables per day	18%	12%	Undetermined 	 1 to 1.3 	
2014, Adults reporting no physical activity	18%	27%	Decreased 	 2.3 to 1 	

* Trend data compares current data from local BRFSS to Mecklenburg data from state BRFSS

Healthy North Carolina 2020 Goals Aligned with our Priorities

Cross-Cutting Section: Increase the percentage of adults who are neither overweight nor obese to 38%.

Tobacco Section: Decrease the percentage of adults who are current smokers to 13%.



5210 Campaign kickoff

PHOTO: Mecklenburg County Health Department



Village HeartBEAT, Fitness on the Greenway

PHOTO: Mecklenburg County Health Department

ACTION PLAN PROGRESS SNAPSHOTS:

Reducing Overweight and Obesity

- Mecklenburg County adopted a Healthy Vending & Food policy requiring healthier food options be provided at all county-funded meetings and events.
- The Health Department partnered with the Charlotte Mecklenburg Schools and the Food Policy Council to improve access to and consumption of local, fresh and healthy foods in schools.
- Healthy Weight, Healthy Child and Carolinas HealthCare System launched the 5210 Campaign aimed at reducing childhood obesity through improving food choices, reducing screen time and increasing physical activity.
- The evidence-based Village Heart BEAT has a record 21 churches participating; weight, blood pressure and A1C outcomes will be reported in June 2016.










Reducing Tobacco Use

- In March 2015, all county-owned buildings, vehicles and grounds became smoke free and nearly all county parks became tobacco free.
- Signage regarding the smoke free and tobacco free changes was a critical part of this environmental change and included over 6,200 signs and decal wrapping for over 100 county-owned vehicles.

Priority #2: Mental Health

Local Community Objective: Reduce the suicide rate by 5%

Current Rate: 9.6 per 100,000; **Target Rate:** 8.9 per 100,000

Relevant Data			*Trend in Mecklenburg compared to previous years	Racial and Ethnic Health Disparity Ratios
Selected Health Indicator (source of data)	Meck	NC		African Americans/ Blacks Whites
2014, Adults reporting mental health not good for at least 8 of the past 30 days (BRFSS)	11%	15%	Increased 	 1 to 1 
2013, High school students reporting making a suicide plan (YRBS)	14%	13%	Stable 	 1 to 1 
2010 - 2014 Age Adjusted Suicide Death Rate, deaths per 100,000 population (NC SCHS)	9.6	12.4	Stable 	 1 to 2.3 

*Trend data compares current data from local BRFSS to Mecklenburg Data from state BRFSS

Healthy North Carolina 2020 Goals Aligned with our Priorities

Mental Health: Reduce the suicide rate (per 100,000 population to 8.3%)



Snap shot from video presentation from Child Fatality Prevention and Protection Team to the Mecklenburg Board of County Commissioners.

PHOTO: Mecklenburg County



QPR: Question. Persuade. Refer. A suicide prevention training.

ACTION PLAN PROGRESS SNAPSHOTS:










Reducing suicide rate

- Throughout 2015, the evidence-based Mental Health First Aid training was provided at several locations across the county. Seven hundred individuals have received either the adult version of the training or the youth version. Those trained include teachers, DSS staff, staff working with the homeless, police and sheriff staff and general community members.
- The evidence-based Question Persuade Refer training was delivered to almost 1,000 individuals during 2015. Participants included students from local high schools and colleges, homeless services agencies, faith based groups, DSS staff and members of the general public.
- The Suicide Prevention Task Force, part of the Child Fatality Prevention and Protection team worked with representatives from Charlotte Mecklenburg Schools (CMS) and UNC Charlotte to study the CMS suicide risk assessment process and improve the identification of at-risk students. The task force presented their findings to the Mecklenburg Board of County Commissioners.

Priority #3: Access to Care

Local Community Objective: Provide access to care to all individuals and families in Mecklenburg County, regardless of ability to pay

Current rate: 13% uninsured individuals ages 0-64; **Target rate:** 8% (state target)

Relevant Data Selected Health Indicator (data source)	Meck	NC	*Trend in Mecklenburg compared to previous years	Racial and Ethnic Health Disparity Ratios African Americans/BlacksWhites	
2014, Adults without a primary care provider (BRFSS)	17%	24%	Decreased 	 1.9 to 1	
2014, Adults unable to see a doctor due to cost (BRFSS)	17%	16%	Decreased 	 2.3 to 1	
2014, Uninsured Population (US Census)	13%	13%	Decreased 	 1.3 to 1	

* Trend data compares current data from local BRFSS to Mecklenburg data from state BRFSS

Healthy North Carolina 2020 Goals Aligned with our Priorities

Cross Cutting: Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years) to 8%

ACTION PLAN PROGRESS SNAPSHOTS:

Increase the number of insured individuals and families

- In June 2015, the US Supreme Court issued a ruling that maintained the tax credits for eligible individuals signing up for health insurance through Healthcare.gov. By striking down this challenge to the Affordable Care Act, the Court ensured that qualified individuals would continue receiving tax credits to offset the cost of insurance premiums.
- During the second Healthcare.gov open enrollment period, nearly 70,000 people in Mecklenburg County selected plans and more than half (38,000) were new enrollments. An estimated 90% of those enrolling in a plan received tax credits.
- Get Covered Mecklenburg hosted 4 community enrollment events with local service providers. These events provided consumers with an opportunity to get in-person assistance with the enrollment process and are part of the overall enrollment plan that included free navigator assistance throughout the county.
- In December, Secretary of Health & Human Services Sylvia Burwell visited Charlotte and met with Get Covered Meck partners and local elected officials. North Carolina and particularly the Charlotte metro area has had particularly high participation in the marketplace.



Secretary Burwell visits with Get Covered Meck partners
PHOTO: Get Covered Mecklenburg


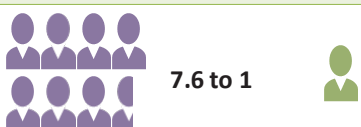






In person enrollment assistance at a community event
PHOTO: Get Covered Mecklenburg

Priority #4: Violence

Local Community Objective: Reduce the homicide rate by 5%

Current Rate: 5.9 per 100,000; **Target Rate:** 6.1 per 100,000

Relevant Data Selected Health Indicator (data source)	Meck	NC	Trend in Mecklenburg compared to previous years	Racial and Ethnic Health Disparity Ratios African Americans/ Blacks	Whites
2010 - 2014, Age-adjusted Homicide Rate deaths per 100,000 population (NC DHHS)	5.9	5.7	Decreased 		
FY 2014, Number of domestic violence related criminal incident reports filed (CSS)	8,634		Decreased 		
FY 2014, % of substantiated child abuse cases (DSS)	14%		Stable 		
2013, High School Students ever electronically bullied or Cyberbullied (YRBS)	10%	13%	Decreased 		

Healthy North Carolina 2020 Goals Aligned with our Priorities

Injury and Violence: Reduce the homicide rate (per 100,000 population)

ACTION PLAN PROGRESS SNAPSHOTS:



Do the Write Thing contest winners at Bruns Academy and community partners.

PHOTO: Mecklenburg County Community Support Services

Reducing the homicide rate

- The Project Safe Neighborhoods Manager attended several “Community Corners” hosted by Charlotte-Mecklenburg Police Department. The purpose of these events was to meet with residents in their neighborhoods to discuss issues facing their community and the importance of engagement. Discussions addressed how to best engage neighborhoods and create a safe community. Residents had the chance to meet with community partners offering services that improve quality of life.
- Bruns Academy has enhanced their participation in the “Do the Write Thing” by partnering with Top-of-the-Week Rotary, Mecklenburg County Community Support Services and WTVI. All eighth graders at Bruns Academy were asked to share why and how they would encourage their peers to stay away from drugs and violence using essays, poetry or songs. In November, prizes were awarded for the best submissions, including prizes for the winners’ teachers.
- The Violence Prevention Task Force is currently reviewing information on risk and protective factors related to community violence and discussing collaborative interventions.

All Others
N=2,385
(42%)

Cancer
N=1,331
(23%)

Heart Disease
N=1,061
(18%)

Alzheimer's
Disease
N=337
(6%)

Stroke
N=333
(6%)

Unintentional
Injury
N=289
(5%)

Leading Causes of Death

Source: NC DHHS, State Center for Health Statistics

➤ Of the 5,736 deaths occurring in Mecklenburg County in 2014, nearly 50% were caused by cancer, heart disease, and stroke.

Leading Causes of Death: MECK, NC (2014) and the United States (2013)

	MECK	NC	US
Cancer	1	1	2
Heart Disease	2	2	1
Alzheimer's Disease	3	6	6
Stroke	4	4	5
Unintentional Injury	5	5	3
COPD	6	3	4
Diabetes	7	7	9
Kidney Disease	8	9	7
Septicemia	9	10	**
Influenza and Pneumonia	10	8	8

** Not included in top ten rankings.
Mecklenburg is similar to NC & US with 2 exceptions: Meck ranks higher for Alzheimer's disease and lower for COPD

2014 Leading Causes of Death by Age Group Mecklenburg County

Infants (<1 yr.)

- Prematurity & Low Birth Weight
- Birth Defects
- Maternal Complications

Ages 1—14 yrs

- Unintentional Injury
- Cancer
- Suicide

Ages 15—24 yrs

- Unintentional Injury
- Homicide
- Suicide

Ages 25—44 yrs

- Unintentional Injury
- Cancer
- Suicide

Ages 45—64 yrs

- Cancer
- Heart Disease
- Unintentional Injury

Ages 65 yrs or more

- Cancer
- Heart Disease
- Alzheimer's Disease

The leading causes of death for infants are primarily due to natural causes, the leading causes for children and adults less than 45 years of age are mostly due to injury-related causes.

2014 Leading Causes of Death by Gender Mecklenburg County

MALES

1. Cancer
2. Heart Disease
3. Unintentional Injury
4. Stroke
5. COPD
6. Alzheimer's Disease
7. Suicide
8. Diabetes

FEMALES

1. Cancer
2. Heart Disease
3. Alzheimer's Disease
4. Stroke
5. COPD
6. Kidney Disease
7. Diabetes
8. Influenza and Pneumonia

Women tend to live longer than men. Women die from Alzheimer's disease at higher rates than men. Men die from unintentional injuries at higher rates than women.

2014 Leading Causes of Death by Race Mecklenburg County

WHITE

1. Cancer
2. Heart Disease
3. Alzheimer's Disease
4. Stroke
5. Unintentional Injury
6. COPD
7. Suicide
8. Influenza and Pneumonia

NON-WHITE

1. Cancer
2. Heart Disease
3. Stroke
4. Unintentional Injury
5. Alzheimer's Disease
6. Kidney Disease
7. Diabetes
8. COPD

While the leading causes of death are similar among all racial groups, people of other races often die at higher rates and younger ages than whites.

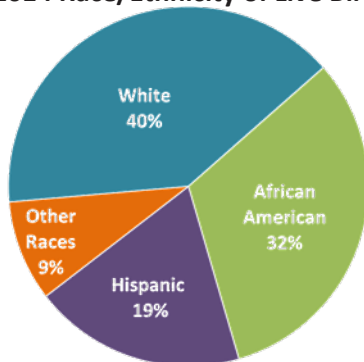
Birth Outcomes and Highlights

2014 Mecklenburg Total Births: 14,409

Live Birth Rate = 14.2 per 1,000 population

Infant Mortality Rate = 6.3 per 1,000 live births

2014 Race/Ethnicity of Live Births



2014 Live Births by Age of Mother

Age of Mother	Births	% of Births
40 plus	468	3.2%
30 - 39 years	6,935	48.1%
20 - 29 years	6,344	44.0%
Teens < 20 years	662	4.6%
• Teens 10-14	8	1.2%
• Teens 15-17	212	32.0%
• Teens 18-19	442	66.8%

Maternal Risk Factors

Births % of Births

Births by Maternal Pre-pregnancy BMI (kg/m²)

• Underweight (<18.5)	543	3.8%
• Normal Weight (18.5 – 24.9)	7,150	49.6%
• Overweight/Obese (>=25)	6,408	44.5%

Births to Mothers with Chronic Conditions during Pregnancy

• Gestational Diabetes	912	6.3%
• Gestational Hypertension	779	5.4%

Prenatal Care

• First Trimester Prenatal Care	9,641	66.9%
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Birth Outcomes

• Premature (<37 weeks)	1,521	10.6%
• Low Birth Weight (<=2500g)	1,307	9.1%
• Total C-section	4,251	29.5%

Source: NC DHHS/State Center for Health Statistics, Vital Statistics

Communicable Diseases and Sexually Transmitted Infections

2012-2014 Communicable Disease and Sexually Transmitted Infection, Annual Case Rates: US, NC and Mecklenburg (case rate per 100,000 population)

	2012			2013			2014		
	Meck	NC	USA	Meck	NC	USA	Meck	NC	USA
COMMUNICABLE DISEASES									
Pertussis	4.8	6.4	15.2	2.7	6.4	9.0	4.3	7.9	10.4
Salmonella	19.4	22.6	16.4	12.9	19.6	15.2	18.0	21.3	15.4
Shigella	2.0	1.4	4.5	4.6	2.6	4.8	12.2	4.8	5.8
Tuberculosis	3.1	2.2	3.2	4.1	2.2	3.0	2.2	2.0	3.0
SEXUALLY TRANSMITTED INFECTIONS									
Chlamydia	649	519	457	628	496	443	685	502	456
Gonorrhea	191	147	108	183	140	105	236	150	111
Primary/Secondary Syphilis	8.4	3.4	5.0	11.1	4.3	5.5	17.4	6.9	6.3
HIV Infection ¹	26.3	13.0	13.7	24.2	13.5	13.4	31.4	13.6	13.8
AIDS ²	21.8	8.0	8.2	25.2	8.8	8.0	16.7	7.2	6.6

Source: NC DHHS/State Center for Health Statistics, HIV/STD Prevention Care Unit: 2014 HIV/AIDS Surveillance Report
Centers for Disease Control and Prevention, 2014 HIV/AIDS Surveillance Report

1. HIV infection includes all newly diagnosed HIV infected individuals by the date of first diagnosis regardless of status (HIV or AIDS)
2. The 2013 AIDS numbers are artificially inflated due to incomplete interstate de-duplication.

Health Behaviors

2012-2014 Behavior Risk Factor Surveillance System: US, NC and Mecklenburg County

	2012			2013			Local	2014	
	Meck	NC	USA	Meck	NC	USA	BRFSS*	NC	USA
BEHAVIORAL HEALTH RISKS									
Smoking	20%	21%	20%	17%	20%	19%	17%	19%	N/A
Overweight/Obesity ³	63%	66%	63%	61%	66%	65%	57%	66%	N/A
No Physical Activity	20%	25%	23%	21%	27%	25%	18%	23%	N/A
Fruit & Veg (≥5/day) ⁴	N/A	N/A	N/A	11%	12%	N/A	18%	N/A	N/A
CHRONIC CONDITIONS									
Diabetes	10%	10%	N/A	8%	11%	N/A	9%	11%	N/A
Cardiovascular Dz. ⁵	7%	9%	N/A	8%	10%	N/A	8%	10%	N/A
High Blood Pressure ⁶	N/A	N/A	N/A	33%	36%	31%	29%	N/A	N/A
High Cholesterol ⁶	N/A	N/A	N/A	41%	41%	38%	33%	N/A	N/A

2009-2013 Youth Risk Behavior Survey: US, NC and Charlotte-Mecklenburg

High Schools (Grades 9-12)	2009			2011			2013		
	CMS	NC	US	CMS	NC	US	CMS	NC	US
PSYCHOLOGICAL HEALTH									
Ever attempted suicide or tried to kill themselves	14%	10%	6%	15%	14%	8%	N/A	N/A	8%
SUBSTANCE ABUSE									
Had at least one alcoholic drink one or more days in the past 30 days	33%	35%	42%	34%	34%	39%	34%	32%	34%
Used marijuana one or more times in the past 30 days	21%	20%	21%	28%	24%	23%	29%	23%	23%
WEIGHT MANAGEMENT AND NUTRITION									
Are obese (at or above the 95th percentile for body mass index, by age and sex)	12%	13%	12%	13%	13%	13%	12%	13%	14%
PHYSICAL ACTIVITY									
Physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days	43%	46%	37%	40%	48%	50%	45%	47%	47%

2009-2013 Youth Risk Behavior Survey: US, NC and Charlotte-Mecklenburg

Middle Schools (Grades 6-8)	2009		2011		2013	
	CMS	NC	CMS	NC	CMS	NC
PSYCHOLOGICAL HEALTH						
Ever attempted suicide or tried to kill themselves	N/A	N/A	11%	10%	12%	11%
SUBSTANCE ABUSE						
Smoked cigarettes on one or more days in the past 30 days	6%	8%	5%	8%	4%	6%
Ever had a drink of alcohol, other than a few sips	33%	30%	31%	29%	28%	26%
WEIGHT MANAGEMENT AND NUTRITION						
Described themselves as slightly or very overweight	24%	26%	23%	25%	23%	26%
PHYSICAL ACTIVITY						
Physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days	51%	60%	53%	59%	58%	57%

Source: NC DHHS/State Center for Health Statistics: BRFSS data; Mecklenburg County Local Behavior Risk Factory Surveillance Survey

*In 2014, the Mecklenburg County Health Department conducted a local BRFSS to improve population estimates of health behaviors. Due to differing methodology, data from the 2014 local BRFSS are not directly comparable to data from previous years or State and National estimates.

3. Overweight/Obesity-Body Mass Index (BMI)>25.0. BMI is computed as weight in kilograms divided by height in meters squared: (kg/m²), 4. Data for Fruit and Vegetable was not collected for 2012, 5. History of any cardiovascular diseases includes heart attack, coronary heart disease or stroke, 6. Data for High Blood Pressure and High Cholesterol was not collected for 2012

New Initiatives & Emerging Trends

New Initiative: Bringing Mecklenburg County To You

In 2015, Mecklenburg County announced a plan to relocate many of its services to better serve its customers. The plan calls for the creation of Community Resource Centers which will provide a continuum of services at a single location. For example, the Health Department, Department of Social Services and Veteran's Services will be co-located at these community resource centers to make a better customer experience. These centers will be strategically located throughout the county so as to increase ease of access taking into account light rail access, bus access and parking. The first phase of this project, the relocation of the Land Use and Environmental Services agency, was completed in December 2015.

New Initiative: Livable Meck

Livable Meck is a community group charged with implementing the Mecklenburg Livable Communities Plan. This plan centers around 7 guiding principles to ensure Mecklenburg County is Welcoming, Innovating, Connected, Inclusive, Prepared, Healthy and Resilient. The plan is community developed and driven and creates a unified vision that gives voice to our aspirations for the community. Livable Meck operates as a collective of think tanks (one for each principle) that meet to review relevant initiatives, look for opportunities for synergy among agencies and decide on a course of action that will help fulfill the vision of the plan. Livable Meck hopes to knit together the activities taking place related to these areas and unite our numerous communities.

New Initiative: Local Collection of BRFSS Data

The Behavioral Risk Factor Surveillance System (BRFSS) is a survey that collects information on health risk behaviors and chronic health conditions. The information is critical to evaluating population health and understanding the scope of certain issues like diabetes and heart disease. Beginning in 2014, the Mecklenburg County Health Department began implementing the BRFSS survey locally. Conducting the survey locally has given the health department the ability to survey more individuals which provides more accurate data and allows for better understanding of trends among smaller sub-groups. The survey will allow us to track rates of tobacco use and obesity among other health behaviors.

Emerging Trend: Improving Access to Care

Since the first Healthcare.gov enrollment period in 2013, the number of uninsured individuals in Mecklenburg county has decreased. In 2015 two additional events impacted this trend. The first was US Supreme Court's decision that ensured that individuals who purchased insurance through Healthcare.gov would continue to receive tax credits to offset monthly premiums. Had the challenge been upheld, the 90% of people receiving tax credits would have found coverage to be unaffordable. The second event improving access was Charlotte Community Health Clinic receiving designation as a Federally-Qualified Health Center. This change means the clinic can now see low-income patients with insurance and additional grants to the clinic have allowed them to begin serving the homeless population.

Emerging Trend: E-Cigarette Use on the Rise

Electronic cigarettes have risen in popularity among youth and adults. The 2013 NC Youth Tobacco Survey showed a 352% increase in e-cig use among teens between 2011 and 2013. Although NC youth smoking rates have decreased to an all-time low of 13.5%, use of any tobacco product increased from 25.8% in 2011 to 29.7% in 2013. The abundance of candy and fruity flavors make these products more appealing to youth. The Food and Drug Administration proposed a rule to extend its authority to e-cigs, allowing them to place restrictions on marketing among other reduction strategies; this ruling is currently pending. Public health continues to educate consumers and professionals on concerns about these products.

Emerging Trend: Improving Access to Healthy Foods

Access to healthy foods is often limited for low income individuals and families. There are currently 3 efforts underway to target access and improve nutrition. A Fresh Look at School Food is an effort focusing on policy, environmental and behavioral changes within the local school system to increase access to and consumption of fresh, healthy and local foods. A Healthy Corner Store project is also underway. This project will select pilot corner stores and help them offer healthier items. Stores can receive refrigerated displays, signage and vendor contacts. Finally, a farmer's market will be set up at the Northwest Health Department. This site is located within a public health priority area and will offer fresh fruits and vegetables in an area that is considered a "food desert."

Mecklenburg County Community Health Assessment (CHA)

A profile of health indicators and prevention priorities for our community

What is the CHA?

While the SOTCH is conducted on an annual basis, the Community Health Assessment (CHA) is conducted every four years and provides a detailed picture of the overall health of our community. SOTCH provides an update of this information in the interim years.

What type of data is included in the CHA?

The CHA includes health indicator data such as:

- Access to care,
- Communicable diseases,
- Health behaviors,
- Maternal and child health,
- Mental Health,
- Leading causes of death,
- Substance abuse,

and a wide range of other health topics. The CHA also includes a community opinion survey, a community priority setting activity and action planning on leading priorities.

Why do we conduct a CHA?

The CHA meets requirements for state accreditation and funding. In addition, findings from the CHA are used by the Health Department for strategic planning and to develop or support collaborative community action addressing identified priority issues.

How were the Four Priority Areas chosen?

1. **Chronic Disease Prevention**
2. **Mental Health**
3. **Access to Care**
4. **Violence Prevention**

The top four priority areas represent a combination of scores from two CHA activities: the community health opinion survey and the community priority setting activity. Both activities occurred in 2013 and involved the rankings of nine priority health areas, previously identified by Mecklenburg County residents.

DID YOU KNOW ?

- ✓ Nearly 50% of premature deaths (deaths before 65 years) in 2014 were due to 4 chronic conditions: Cancer, Diabetes, Heart Disease and Stroke.
- ✓ Nearly 17% of Mecklenburg teens reported binge drinking (5 or more drinks in several hours) within the past month.
- ✓ When asked about mental health—stress, depression and problems with emotions—1 in 10 adults said their mental health had not been good for 8 or more days in the past month.
- ✓ About 1 in 10 Charlotte Mecklenburg high school students report being a victim of cyber bullying or electronic (such as through emails, chat rooms, instant messaging, social media or websites).
- ✓ Planning and development of the **2017 Community Health Assessment (CHA) is currently underway.** Look for more information about the CHA process in the upcoming year.

For more information about the Community Health Assessment (CHA), the 2015 SOTCH, or to learn how to get involved in the action plans contact:

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